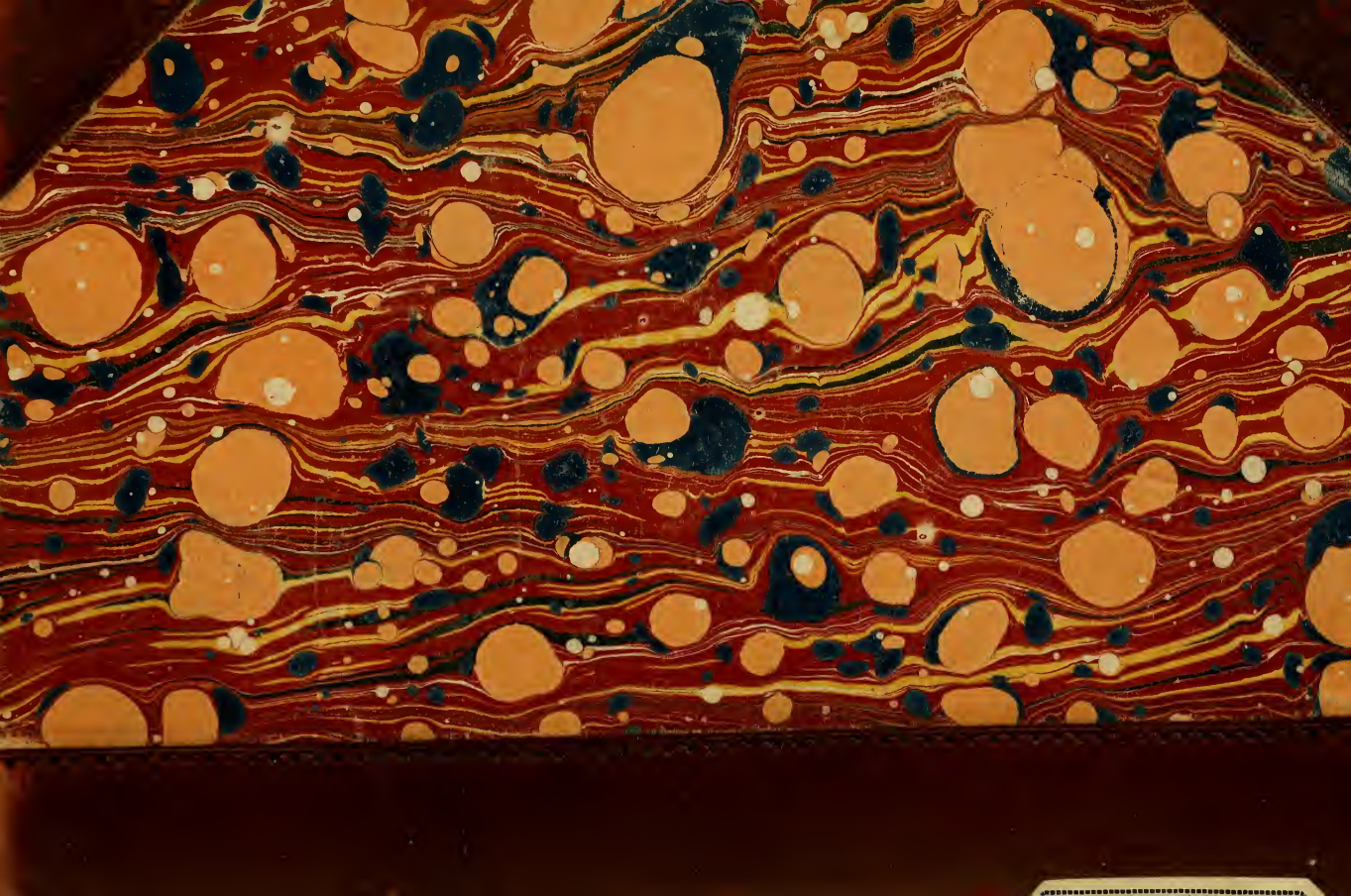

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AN EXTRAORDINARY CASE OF LACERATED VAGINA,

AT THE

FULL PERIOD OF GESTATION.

WITH

OBSERVATIONS,

TENDING TO SHOW

That many Cases related as Ruptures of the Uterus, have been

LACERATIONS OF THE VAGINA.

By WILLIAM GOLDSON,
Member of the Corporation of Surgeons in London.

Exempla rara non reticenda, etiam causâ incognitâ; ita enim scitu digna infinita præteribuntur. Quare veritatis studiosus, omne debet quod conspiciat, etiamsi eum angat causa, sedulo exponere.

Galen de Caus. Puls.

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M,DCC,LXXXVII.

24. M. 5.

INTRODUCTION.

RUPTURES of the uterus have been conſidered as accidents, mortal, for the moſt part, in their nature. When part of the child remains *in utero*, authors give ſome general directions for delivery; but agree in its fatal tendency, if the child has eſcaped wholly into the cavity of the abdomen; conſidering any attempts to deliver, except by the cæſarean operation, as fruitleſs. This was the opinion of Dr. Hunter: his high and deſerved reputation has ſtampt ſuch authority upon it, that practitioners in general give up their patient for loſt, without attempting any thing

for her relief. The cæſarian operation, in this country, has been attended with ſuch ill ſucceſs, that very few men are bold enough to recommend it, ſuppoſing that it would only be an addition to the patient's ſufferings, without affording any proſpect of relief.

Dr. Douglas, phyſician to the Aſylum, ſome months ſince, publiſhed a caſe, where he ſucceeded in the delivery of a child from the cavity of the abdomen, and the woman recovered; from whence he infers, that thoſe accidents, which admit the child to eſcape through a rupture of the uterus, are not neceſſarily fatal, and that the delivery is to be effected, without having recourſe to the cæſarean operation, with more eaſe than has been imagined.

The caſe, which is now ſubmitted to the conſideration of the public, was a laceration of the vagina, happening early in parturition; the circumſtances

of

of which having been clearly marked during the life of the patient, and confirmed by diſſection after her death, throws a new light upon this part of midwifery, and renders it probable that many caſes deemed irremediable, from being conſidered as ruptures of the uterus, were only lacerations of the vagina, and admitted of effectual aſſiſtance from art.

This caſe, having given riſe to many doubts upon the ſubject of ruptured uterus, induced me to enquire how far authors in general have been accurate in their obſervations. Upon examining ſuch caſes as were in my poſſeſſion, I found, that many which are related as ruptures of the uterus, were in fact lacerations of the vagina. Inſtances of which I ſhall give in caſes from Vander Wiel, Bonetus, Dr. Douglas, Pouteau, and others.

From a caſe communicated to me by a friend, I am further enabled to give

ſome account of the circumſtances attending a laceration of the vagina, when, the head being ſo low as to be wedged in the pelvis, the child did not eſcape into the cavity of the abdomen. On examining the circumſtances of ſome caſes deſcribed as proceeding from ruptures of the uterus, this appears ſometimes to have happened without being diſcovered.

The obſervations annexed, reſpecting the circumſtances in which lacerations of the vagina differ from ruptures of the uterus; in the eſcape of the child or placenta into the abdomen, and the obſtructions to delivery; and the other practical inferences drawn, are ſuch as, I hope, will merit the attention of practitioners.

As Dr. Douglas's obſervations on an extraordinary caſe of ruptured uterus, is the lateſt publication on the ſubject, I ſhall have occaſion to advert to it oftener

oftener than to any other. If it has been any means of diſpelling the idea of the impoſſibility of recovery in accidents of this nature, which has ſo long been the general received opinion, ſupported by the higheſt authorities; I flatter myſelf, that the following pages will be a further inducement to diſpel our fears; as they tend to prove the great probability there is, that the eſcape of the child into the cavity of the abdomen happens oftener from lacerations of the vagina, than from ruptures of the uterus.

WM. GOLDSON.

Portſmouth Common,
March 21, 1787.

AN EXTRAORDINARY CASE OF LACERATED VAGINA.

ON Auguſt the 20th, 1786, I was deſired by Mr. William Waller, of Goſport, to viſit Mrs. Wilkins, with my partner Mr. Aylward. She was a patient of Mr. Waller's, and had been above twenty four hours in labour; after the membranes had broke, and the os internum been conſiderably dilated, the labour pains ſuddenly went off; the child's head could be no longer felt, and very dangerous ſymptoms had come on. We met there, in conſultation, his father and Dr. Waller.

Mrs.

Mrs. Wilkins was a large woman, much uſed to laborious exerciſe, of a dark complexion, about thirty-ſix years of age, inclining to be luſty; her conſtitution was naturally ſtrong, and generally healthy; ſhe was then in labour with her fourth child; her former labours had been always lingering, but was, at each time, delivered of a living child, without more than ordinary aſſiſtance. During the preſent pregnancy, ſhe was not able to move with ſo much eaſe as with her former children, complaining of much pain in the left hypogaſtrium.

We were informed by Mr. Waller, that he was called to her aſſiſtance about a fortnight before; but finding that the pains were ſpurious, he ordered her an opiate, which gave her relief, and ſhe continued eaſy until the preceding day; when being again ſent to, about ſix o'clock in the morning, he then found her in labour; after waiting ſome time, the pains beginning to encreaſe, he made

an

an examination, and found that the os internum was dilated to the size of a crown piece. The membranes broke, and the waters were evacuated. Upon a further examination in the usual manner, the head was found to present; but being only able to reach it with the point of his finger, he could not exactly ascertain its situation, in respect to vertex or fontinel. Considering it a lingering labour, he waited for the efforts of nature. The child's head advanced by slow degrees; and, after some hours, the prospect of a more speedy delivery seemed to be apparent, by the further dilatation of the os internum, although the head did not appear to be much engaged in the pelvis. She was, about this time, seized with a cramp in her left foot and leg, which afterwards extended to her belly, on the return of every pain. While he was directing a camphorated anodyne liniment, another severe pain came on, which caused her to cry out most vehemently, oh the

up, the cramp! and which, ſhe afterwards ſaid, ſhe believed was in her womb: this was ſoon after followed by a diſcharge of blood from the vagina, which continued for ſome time.

Mr. Waller then obſerved that the labour pains abated in their ſtrength, and that they were ſucceeded by ſuch as are common in colic, with peculiar twiſting in her bowels. He directed an emollient glyſter, which was repeated with an anodyne; but not finding ſo much relief from theſe as he expected, her pulſe being full and quick, he took away about eight ounces of blood from her arm, and left her about two o'clock, giving directions, that ſhe might be kept as cool as poſſible, the weather being very warm.

He ſaw her again, between four and five o'clock, and found that the true labour pains had not returned; but that, in addition to the other ſymptoms,

toms, ſhe then complained of conſiderable thirſt; had vomited frequently; was very reſtleſs; in great pain when moved, and felt a great degree of pain when he put his hand upon her belly. Upon examining the ſtate of the labour, he could feel no preſentation, the child's head having receded. In this ſituation, he thought it proper to repeat the glyſter, and ordered her, in the evening, another anodyne, together with a ſaline julep. With hopes that real and efficient pains would return by the morning, he left her.

On viſiting her in the morning, very early, her attendants informed him, that ſhe had been very thirſty and reſtleſs all night; her vomiting had been more ſevere, and that ſhe was in great pain when turned, complaining of a heavy lump which fell from ſide to ſide; it did not appear from an inſpection of the cloths, that there had been any fur ther hemorrhage; upon inquiring more

ticularly, it could not be found that ſhe had made any urine, except as it came away involuntarily.

On conſidering that there had been no return of real pains, and that the other ſymptoms were more urgent, he began to think that her caſe was of a more ſerious nature than he had at firſt apprehended; he therefore thought it proper, to acquaint her friends with the opinion he entertained of the danger of her ſituation, requeſting them to ſend for ſuch other perſons of the faculty as they might wiſh ſhould be conſulted.

When we viſited her, which was about noon, we found her extremely reſtleſs, complaining of great pain about the region of the pubis; her face was covered with a cold ſweat; her pulſe was moderately full and rapid; ſhe felt great anxiety about the præcordia; her breathing was thick and ſhort, with intenſe thirſt, and continual efforts

efforts to vomit. As it was obſerved that ſhe had made no water for ſome time, except what, by the urinous ſmell of the cloths, appeared to have come away involuntarily, we determined to introduce the catheter; but nothing paſſed, except a little bloody ſanies. The bleeding was repeated, and an antiphlogiſtic treatment agreed upon.

When we conſidered her ſituation more fully, and compared the ſeveral ſymptoms, of cramp and ſucceeding hemorrhage; the retroceſſion of the child; her ſevere thirſt; vomiting and great pain about the region of the pubis, with the ſymptoms which occurred in the caſe of ruptured uterus publiſhed by Dr. Douglas; there was ſuch ſimilarity between them, that we agreed in the propriety of introducing the hand for a more particular examination.

We

We accordingly viſited her again about three o'clock, and Mr. William Waller proceeded to make an examination. There was no difficulty in paſſing his hand: upon the poſterior part he felt a conſiderable tumor, which was moveable, and which was not the child's head: he likewiſe found his hand in contact with the inteſtines; whence it was evident that our ſuſpicions were well grounded. Immediate delivery was the only means of relief, and his endeavours to get at the feet ſoon ſucceeded; they were brought into the vagina, and ſecured with a nooſe; but it required a conſiderable degree of exertion to diſengage the breech. After the arms were brought down, the head followed with eaſe, little or no diſcharge enſuing.

The child was large, and had been dead, no doubt, ever ſince its eſcape from the uterus. The placenta, which

was

was likewiſe in the cavity of the abdomen, followed without any difficulty.

Not being determined as to the nature of the tumor, which Mr. Waller felt upon the poſterior part; as the woman had ſuffered ſo little in delivery, we concurred in opinion, that he ſhould again examine the ſtate of the parts. Upon introducing his hand, he ſoon found that the tumor receded before his fingers, and that it was the contracted uterus. It was evident to him that the uterus was not ruptured; but that there was a laceration of the vagina, at the place where it is attached to the *cervix uteri*, through which his hand would paſs with eaſe into the cavity of the abdomen. The os internum was ſo contracted, that it would not admit more than two fingers, and he was convinced that it had not been injured. She found herſelf conſiderably relieved when we left her at four o'clock. An anodyne

anodyne was directed to be taken in the evening.

——— 21ſt.---We viſited her early in the morning, when we found that her ſpirits were good. Her attendants informed us, that ſhe had paſſed a much better night than could have been expected. She was capable of turning without any inconvenience; her thirſt, pain in the abdomen, and vomiting, were ſtill violent. Anodynes, with ſalt of wormwood and lemon juice, to be taken during the effervescence, were directed for her. She had frequent ſtools with teneſmus. The nurſe was ordered to let her drink be mint tea with rice gruel.

The ſymptoms evidently ariſing from the injury done to the abdominal viſcera, by the child's remaining ſo long among them, after its eſcape from the uterus, induced us to entertain ſome rays of hope, from the ſucceſs which had

had attended the caſe related by Dr. Douglas, that ſhe might recover; but the approach of the evening convinced us that our hopes were groundleſs. Every ſymptom was become more urgent, with a very diſtreſſing ſenſe of ſuffocation from globus hyſtericus; ſhe had made no water, and, from the urinous ſmell of the cloths, we could not entertain the leaſt doubt but that the bladder was ruptured, eſpecially when we called to our recollection, that the ſame had been obſerved before delivery.

In this diſtreſſing ſtate, nothing was left for us to do, more than to alleviate her pain, and make the ſmall remainder of her life as eaſy as poſſible; for which purpoſe, her anodyne medicines were repeated.

——22d.---The perſons who watched with her during the night informed us, that ſhe had been very reſtleſs; complained of great pain in her belly, with

intenſe thirſt, and that ſhe had been conſtantly vomiting. Her countenance was greatly altered; the quantity of fluid thrown up was out of all proportion to the quantity drank; the teneſmus ſtill continued, but without any evacuations; her anodynes were repeated, and an opiate glyſter ordered to be injected in the evening.

——23d.---We found her more compoſed, and we underſtood ſhe had been ſo through the greater part of the night. She continued in the ſame ſtate until about eleven o'clock before noon, when ſhe died, perfectly ſenſible.

We obtained permiſſion to open the body the ſame evening.

The abdomen was much tumified. Upon making a longitudinal inciſion through the integuments, a quantity of confined air ruſhed out. The peritoneum was inflamed, and in ſome places beginning to ſphacelate. The inteſtines were

were remarkably diſtended with flatus; their external coats were tinged with yellow, and inflamed through their whole extent. The ramifications of the veſſels appeared of a beautiful red, as if they had been injected; ſome ſpots were obſerved in ſeveral places beginning to ſphacelate, and they were for the moſt part connected by a ſlight adheſion to each other. The omentum was contracted and inflamed. There was a conſiderable quantity of bloody ſerum in the cavity of the abdomen. The whole of the viſcera had that appearance, which has been generally obſerved on diſſecting women who have died of a puerperal fever.

The uterus and its appendages, in ſitu, appeared perfectly ſound, excepting the left ovarium, which contained about fourteen ounces of a colourleſs fluid, in a ſingle cyſt. There was no appearance of the *veſica urinaria*; on paſſing a catheter, it went immediately into the ca-

vity of the abdomen, confirming our ſuſpicion that the bladder was ruptured. On raiſing the uterus above the pelvis, we were immediately convinced how accurate Mr. Waller had been in the deſcription he gave us, on examining the ſtate of the parts directly after delivery.

The os internum and cervix uteri were uninjured; the vagina was thin, and was lacerated tranſverſely on the ſuperior part, cloſe to its attachment to the uterus; the laceration was nearly through one half of its circumference, on the fore part, but inclining to the left ſide. The bladder, from its connexion with the vagina, had ſuffered at the ſame time, being ruptured through the whole of its poſterior part, at leaſt in proportion to the ſize of the laceration which had taken place in the vagina; we obſerved that it had extended to the outer ſurface of the uterus, tearing off an angular piece of its peritoneal coat, about

half

half an inch in length. The uterus was contracted to the uſual ſize it is obſerved to be, in ſo ſhort a ſpace after delivery; its peritoneal coat near the fundus ſhewed an appearance of incipient mortification. The os internum was contracted, as Mr. Waller had obſerved, ſo that, without difficulty, we could not introduce more than two fingers.

As the nature of the caſe was evident, we did not proceed further in the diſſection, but contented ourſelves with preſerving the parts. On making an inciſion into the uterus, it was found, in moſt places, to be nearly an inch thick; its internal ſurface appearing in a healthy ſtate, and contained a ſmall proportion of the membrana decidua, which had been left behind.

LACE-

LACERATIONS of the vagina have been mentioned by authors, as, ſometimes, happening from laborious parturition; but I do not recollect to have heard, or read any account, where the child had eſcaped, by ſuch means, into the cavity of the abdomen; or that they have ever conceived ſuch an accident to be probable. I have ſelected ſome caſes, which are related as ruptures of the uterus, but which are apparently accidents of this nature. This can be reconciled, only, by the confuſion into which authors have fallen, in their diviſions of this viſcus.

Anatomiſts, at preſent, are pretty nearly agreed in dividing the uterus into fundus, cervix, and os internum. Suppoſing that the whole of the uterus meaſures three inches in length, they, for

for the moſt part, allow the fundus to occupy the ſpace of one inch and a quarter, the cervix to take up one inch and three quarters, and the os internum to project within the vagina about a quarter of an inch. But, when we conſider how indeterminate they have heretofore been on this ſubject, we ſhall not be ſurpriſed, on examining ſome of the following caſes, which are related as ruptures of the cervix, to find them lacerations of the vagina. From the concurrent teſtimony of writers, it is evident, that the vagina has been frequently conſidered as the *collum uteri.*

Columbus, in his deſcription of the uterus, ſays, 'Colli vel cervicis nomine in utero non corpus illud, quod ſupra deſcripſimus, ſed partem illam intelligimus, in quam mentula, tanquam in vaginam immittitur*.'

* Columb. de re anat. xi. 16.

Bartho-

Bartholinus gives the name of 'Collum breve minus,' to that part which is now called the cervix; 'Anguſta inferior eſt inter os uteri et amplitudinem incipientem, atque collum breve vocari poteſt, ad differentiam *veri* et longioris colli,' which he terms 'Collum ipſum, cervix, ſive canalis uteri*.'

Deventer expreſsly takes notice of the confuſion which attended this diviſion of preceding writers: 'Nomen tamen vaginæ prefero nomini colli, quia ſæpius autores, eodem utentes, vaginam ab ipſo utero, ægre diſtinguere poſſunt†.'

* Bartholini Anatom. i. 30.

† Deventer nov. Lum. obſtetr. p. 25.

CASE I.

CASE I.

A Case of lacerated vagina from VANDER WEIL, *related by him as a rupture of the uterus.*

THE daughter of Jonas Pergo had been delivered of four children, having very difficult labours with all of them. While pregnant with the fifth, she suffered a considerable degree of uneasiness; her pains were much more urgent, when in labour, and came on earlier than in her former pregnancies, continuing with violence until the third day before delivery, when they ceased. The midwife could not, by any endeavours, deliver her. The child, which was supposed to have been dead some

days, and which appeared afterwards to have been the caſe, from the ſeparation of the cuticle, preſented with its hands bent behind its neck, and the face obliquely upwards towards the pubis.

The ſymptoms becoming more and more violent, ſhe being not only faint and feveriſh, with oppreſſion on the præcordia, attended with rigors; but having vomited up ſome green fæces, which aroſe, he ſays, from the fœtus preſſing upon the rectum, ſo that they could not find their paſſage thence, Cornelius Solingius, an experienced ſurgeon, was ſent for with him to her relief. In a ſhort time, he delivered her of a dead child. As he could not eaſily bring away the after birth, he introduced his hand along the funis, but found that it was in contact with the inteſtines, before it came to the placenta; which was found, ſoon after, hanging down, in three parts, within the abdomen, out of

of the uterus. From the child having been expelled three days, the uterus was ſo hard and contracted, that, at firſt, he ſuppoſed it to be a ſcirrhus. He ſeparated the placenta from the uterus, to which, he ſays, it ſtill adhered. The cartilage, which connected the bones of the pelvis, was ſoft, and they were ſeparated from each other nearly the breadth of a finger.

The woman died the ſame day, and the body was opened on the next, in the preſence of Vander Weil and his brother.

The abdomen was much tumified. On making an inciſion into it, nothing eſcaped except a quantity of fœtid air, and ſome coagulated blood of a good colour, which came, he ſays, from the cotyledons, or mouths of the veſſels of the uterus, at the time when the placenta was detached from it. He paſſed his hand through the vagina, and again

found himſelf in contact with the inteſtines, the uterus receding above the pubis. A rupture was obſerved at the inferior and poſterior part, juſt above the os internum, at that place where the common membrane from the peritoneum covers and ſurrounds the uterus, as well as the rectum; through which rupture the whole of the child, except the parts which preſented, had paſſed into the cavity of the abdomen. This he aſſigns as the cauſe why the pains ceaſed, and the mother became eaſier, a few days before delivery*.

In the examination of this caſe, I ſhall confine my remarks to the delivery of the placenta, and the appearances upon diſſection.

After the child was delivered, Solingius, finding that the placenta did not eaſily follow, introduced his hand along

* Stalpaart Vander Wiel, obſerv. rar. med. cent. prim obſ. lxvi.

the

the funis, with an intention to extract it, but found himself in contact with the intestines, the placenta being, '*extra uterum*,' in the cavity of the abdomen. The uterus, from which he supposes the child to have escaped some days before, was contracted, and felt so hard, '*ita ut initio scirrhum crederet*.' In the next sentence, he speaks of separating the placenta from the uterus: this cannot be reconciled with what he had before related, of the placenta being '*extra uterum*,' otherwise than by supposing that the placenta, while in the abdomen, adhered to the external surface of the uterus; its adhesion to the surface of the viscera, in some other cases, having been found to be very considerable*.

A review of the circumstances, which follow the introduction of his hand, will elucidate the case, when compared

* Douglas's case of rupt. uterus, p. 36. Boneti sepulchret. anatom. lib. iii. sect. 38.

with

with the appearances, which were obſerved on opening the body, after death.

In the firſt place. No mention is made of any difficulty in introducing the hand through the os internum into the cavity of the uterus, which muſt have been conſiderable, from its contracted ſtate, if the attempt had been made.

Secondly. As his hand came immediately in contact with the inteſtines, if the placenta had been within the uterus, the inteſtines muſt likewiſe have been within it, which does not by any means appear from the narrative.

And laſtly. If his hand had been within the cavity of the uterus, how could he have judged of the degree of its contraction, ſo as to have thought it, at firſt, to have been a ſcirrhus?

If we conſider the caſe as a partial ſeparation of the vagina, from its attachment to the *cervix uteri*, then every one of theſe objections are ſurmounted with eaſe: his hand, on paſſing along the funis, would have found an eaſy introduction into the cavity of the abdomen, and he would have been in contact with the inteſtines, before his hand arrived at the placenta. The uterus would have been found on the anterior part, and have felt contracted like a ball, ſo that, at firſt, it might have been miſtaken for a ſcirrhus; neither of which could have poſſibly happened if his hand had been within its cavity: beſides, his expreſſion is ſo clear, in reſpect to its contraction, 'dure admodum compactum atque *in ſe* contractum comperit,' as to leave no room to ſuppoſe any thing to have been included within it.

We find that on diſſection, after relating the external appearance of the abdo

abdomen, and what iſſued on making an inciſion into it, he paſſed his hand, he ſays, *per vulvam*, and again felt the inteſtines; and, what is very material in forming a determination on the nature of the caſe, found the uterus receding above the pubis, '*recedentemque* ſupra os pubis uterum reperit.' To uſe the expreſſion of Dr. Douglas, in his late publication, 'it fled before the tips of his fingers.'

I think it muſt be evident to every one, that the uterus would not have receded before his hand, if its attachment to the vagina had remained entire. It muſt have reſiſted the touch.

The place where the rupture is ſaid to have been was at the inferior and poſterior part, a little above the os internum, where the common peritoneal membrane is continued from the rectum to the uterus.

Now

Now the ſame peritoneal coat which ſurrounds the whole of the abdominal viſcera, in its paſſage from the rectum to become the external coat of the uterus, is inflected over that part of the vagina which is attached to the *cervix uteri*, beginning to form the peritoneal coat of the uterus, at the place where the vagina is joined to the cervix, a little above the os internum. In the ſame place, on the anterior part, the vagina was lacerated in the caſe before related; and, I think, on comparing the different parts of Vander Wiel's relation with each other, it is clear that the injury, in both caſes, was nearly ſimilar; the only difference being, that in one the laceration was in the poſterior, and in the other in the anterior part of the vagina.

CASE II.

A Case of lacerated vagina, as related by BONETUS, *from* LEONARDUS DOLDIUS.

IN the year 1594, a woman of Hagenaw, in Alsace, 40 years of age, who had been the mother of seven children, at the full time, but all of them born dead, died in labour of the eighth, on the third day, without being delivered. The night before, her pains had been violent in the extreme; the women who were present made many efforts to deliver her, but they were not able to afford her the least help.

On opening the body, they were very cautious in making their incision into the abdomen, that they might have a distinct

diſtinct view of the uterus *in ſitu*. The muſcles were hardly divided, when the back of the child was wounded. They had no ſuſpicion of what it really was, ſuppoſing it, at firſt, to be the uterus; but, on continuing the inciſion, they found it to be a full formed fœtus (with ſigns of putridity from the ſeparation of the cuticle) without the uterus, in the cavity of the abdomen. It lay with the face to the ſacrum, and its body extended at full length. At firſt, nothing preternatural was obſerved, there being no appearance of contuſion, wound, ulceration, or abſceſs. They wondered much at the ſingularity of the caſe; but this was cleared up when they found the uterus torn, ruptured, or rather broken off.

The child was ſtill connected by the funis to the ſecundines, which were retracted, upon the left ſide, towards the ſpleen, and adhered ſo faſt that they had ſome difficulty to ſeparate them.

The uterus was so contracted, that it did not exceed the size of the placenta. Near the cervix, directly under the bladder, there was a portion of membrane hanging down, about the thickness of the dissecting knife, and not exceeding the breadth of half a palm, which was a part of the separated uterus, '*uteri abrupti.*'

The rest of the uterus, with its proper orifice, and the secundines were retracted, so that it was totally separated from the cervix, or '*sinus muliebris,*' and all the other parts to which it had before been attached. He attributes this accident to the malconformation of the pubis, which was too much flattened in*.

The above case requires no comment, as I think it is evident that there was a total separation of the uterus, from its attachment to the vagina.

* Bonet. Sepulchret. anatom. lib. iii. sect 38.

I remember

I remember to have read a caſe where the ſame accident happened, from the violent efforts of an accoucheur to introduce his hand to deliver.

CASE III.

The caſe of Mrs. Manning, *as related by* Dr. DOUGLAS.

WE find that the woman, who is the ſubject of this caſe, was in her 4th pregnancy, low in ſtature, about 30 years of age, and of a weak conſtitution, but, in general, healthy. When the Doctor was firſt called to her, the membranes had been ruptured eight hours, and the pains had continued regular from that time: yet though the os tincæ was conſiderably

ſiderably dilated, the child did not advance. He found her extremely reſtleſs, complaining of exceſſive pain in the region of the pubis. Each return of pain cauſed her to writhe and twiſt as if ſuffering from violent colic, very unlike the urging throes of common labour; but her pulſe was calm and regular, nor did ſhe make any particular complaint, excepting of the pain about the pubis. This being the ſtate of the caſe, there ſeemed to be no reaſon to induce him to precipitate the delivery.

About nine o'clock the ſame evening, the midwife informed him that the patient had had a diſcharge of blood from the vagina, which, however, did not continue; and that the pains had ceaſed about half an hour after ſix o'clock; ſince which, retching, with an inceſſant craving for drink, had come on.

He now found her face lengthened, and bedewed with cold ſweat; her pulſe

ſcarcely

ſcarcely to be felt; her breathing ſhort and quick, with great anxiety; but ſtill complaining of no pain, excepting about the pubis. 'By examination in the common way,' he ſays, 'I could diſtinguiſh nothing, excepting a round moveable ſubſtance, which I ſuppoſed to be the head of the child; but being only able to reach it with my fingers, I could not determine with any certainty what it was. The woman appeared to be *in extremis*; and my mind was ſo wholly occupied by her danger, as to preclude all reaſoning with reſpect to the cauſe.' He determined upon immediate delivery, as the only chance of relief. 'There was no difficulty,' he ſays, 'in paſſing my hand; and the ſubſtance which I had ſuppoſed to be the child, fled before the tips of my fingers: by following it, I at laſt found my hand in a cavity, which in no ſort reſembled that of the uterus. I was then forcibly and painfully ſtruck with the nature of the caſe; and on examining all round, with caution and gentle-

gentleneſs, I could with certainty determine that my hand was in the cavity of the abdomen: the child being on the fore part; on the back part, the contracted uterus like an oblong ball; and the inteſtines hanging among any fingers.' There was no obſtruction to the turning and extraction of the child, excepting in the paſſage of the head through the brim of the pelvis. The placenta, which was likewiſe in the abdominal cavity, had ſo clung to the inteſtines, that he was again under the neceſſity of introducing his hand to detach it, which was not difficult. 'The uterus ſeemed,' he ſays, 'to have been ruptured tranſverſely, on the lower and fore part, ſome diſtance above where the vagina is connected with it; and it was more contracted in its ſize, than I thought poſſible in the few hours which had elapſed ſince the accident.'

After a variety of changes and alarming ſymptoms ariſing from peritoneal inflam-

inflammation, the poor woman fortunately recovered; and in about six weeks waited upon the Doctor at his own house, to return thanks; when he persuaded her to permit his neighbour Dr. Osborn to examine *per vaginam*. He thought the os tincæ somewhat more open, externally, than it usually is; and Dr. Douglas himself fancied he felt rather more fulness than is common about the *cervix uteri:* but they both agreed, that there was nothing in the touch so different from what is observed in the natural state, as to have excited any idea of previous disease, had they not known the complaint with which she had been afflicted.

After examining the body of Mrs. Wilkins, and ascertaining the nature of the injury, I began to consider the above case in a different light, from what I did on the first perusal of it. The Doctor represents it as a case of ruptured ute-

rus; I now perceive it to be a caſe of lacerated vagina.

The circumſtance which he relates, of a 'round moveable ſubſtance,' which upon introducing his hand, he found to be 'the contracted uterus like an oblong ball,' was ſo ſimilar to what Mr. Waller deſcribed, and which every one of us had an opportunity of obſerving during the diſſection, that I have no doubt remaining in my own mind, that there could have been any difference between the two caſes. Mr. Waller and the other gentlemen who were preſent concur likewiſe with me in the ſame opinion.

In the preceding pages, I have had occaſion, on a review of the caſe from Vander Weil, to advert to a ſimilar occurrence, when I expreſſed my doubts how the degree of contraction can be aſcertained, unleſs the hand of the accoucheur

coucheur has been paſſed on the outſide of the uterus. I cannot ſuppoſe that, while the fundus is contracted above the rupture, the os internum will remain for ſeveral hours, nay days, dilated, and ſhew no diſpoſition to contract. The fibres, I ſhould apprehend, which form its texture, will aſſiſt its contraction in as great a degree as that of the fundus.

Dr. Douglas, as well as Vander Weil, found that the uterus receded on introducing his hand. Is it poſſible that the uterus ſhould have receded before his hand, if its attachment had been entire? It muſt have made ſome reſiſtance. Yet we find that, when he touched it, it fled, and upon following it, his hand went, not into the uterus, but into a cavity which in no ſort reſembled it. Can it be ſuppoſed from this relation, ſo pointedly marked, that his fingers ever paſſed the os internum? The uterus muſt have been fixed, if he had entered into its cavity; but he ſays, that he was obliged

to follow it, and at length found his hand within the abdomen, 'the child being on the fore part, on the back part the contracted uterus, like an oblong ball.'

CASE IV.

A Case of lacerated vagina from POUTEAU, *related by him as a rupture of the uterus.*

HE was called to the assistance of a woman, who had been a considerable time in labour, under the care of a midwife; she had been seized the day before with a hemorrhage, on which the child, which had before presented with the

the head, was no longer felt. On examination, his hand entered at once into a cavity, which appeared large; on the fore part, he felt a round ſubſtance, of the ſize, but not the ſolidity, of a child's head; yet there was not any thing to be felt, which could aſſure him of a child being there. The woman died ſoon after, without being further examined. On opening the body, the child and placenta were found in the cavity of the abdomen, entirely out of the uterus, which was of the ſize of a child's head of five years old, and was the round body which had been felt *per vaginam*. The rupture was on the poſterior and interior part, and then about three or four inches long*.

When the eaſy introduction of his hand into a 'cavity which appeared large,' at a time when the 'uterus was contracted to the ſize of a child's head;'

* Pouteau, page 487.

his

his perceiving by the touch, during his attempt to deliver, 'a round ſubſtance,' which afterwards, on diſſection, he found to be the contracted uterus, and the ſtate of the rupture, being then about 'three or four inches long*,' are conſidered, I think that I ſhall not be too haſty in pronouncing it to have been a ſeparation of the uterus from its poſterior attachment to the vagina.

AS in ruptures of the uterus, ſo in lacerations of the vagina, if the head of the child ſhould be advanced ſo far in-

* When this accident happens in the uterus, the ſize of the rupture is ſoon diminiſhed. Rungius relates, that the inteſtines were kept up by his hand, until the rupture was ſufficiently contracted to prevent their deſcent. Dr. Hamilton ſays, he had an opportunity of examining how amazingly the rupture was diminiſhed, by the contraction of the uterus. La Motte obſerves, that, on diſſection, the rupture would not admit the tip of his little finger; and in other caſes we find ſimilar remarks. How are we then to account for his finding the rupture to be ſo very extenſive, at a time when the uterus was ſo much contracted?

to the pelvis as to be wedged, before a laceration takes place, it will remain there, and we ſhall be deprived of one criterion, the retroceſſion of the preſenting part, to guide us; the ceſſation of the true pains muſt lead us then to judge of the nature of the caſe, when attended with vomiting and other ſymptoms, as deſcribed in the relation of the preceding narratives. The following caſes is an inſtance of this kind.

CASE V.

A caſe of lacerated vagina, where the head was engaged in the pelvis, before the accident took place; communicated by a friend.

A. B. aged about 30, was taken in labour with her third child, on April 15th, 1785, at four o'clock in the morning.

ing. The waters ſoon came away. On examination, the head of the child was found to be low in the pelvis. A conſiderable ſtricture was obſerved in the vagina, and the ſacrum projected rather forward at its apex. About five hours after ſhe was firſt taken in labour, ſhe began to complain of pains in her belly, which ſhe diſtinguiſhed from thoſe of labour. At three o'clock in the afternoon, a phyſician, an eminent teacher of midwifery in London, was called in, at which time, from the degree of ſtricture, the part of the head which preſented could not be exactly aſcertained. He ordered her an injection, which was given, but without any effect. On enquiring, it appeared, that ſince ſhe began to complain of the pain in her belly, the labour pains had ceaſed. A ſingle blade was introduced with eaſe, and ſome endeavours made to deliver, but without ſucceſs. The Doctor, conſidering it wrong to ſtruggle againſt nature, or do any thing without the aſſiſ-

tance

tance of pains, left her, giving directions for an enema to be injected, and four or ſix ounces of blood to be taken away.

He returned at half paſt five, when very little alteration could be perceived. She had no labour pains, and the pains continued the ſame in the abdomen, which ſhe now complained was become tender. Injections were ordered, copious and ſtimulant; four were given without any return. The forceps were at length applied, and uſed moderately, with an intent to bring on a return of true pains; but a ſlight diſcharge of the glyſters was the only effect. A little ground was at length gained, and, by encreaſing the force for a conſiderable time, ſhe was delivered of a dead child: the placenta came away immediately after. She made water frequently during the labour, and had it drawn off before the uſe of the forceps. She was thirſty, and vomited frequently, though little in quantity. By her cries, ſhe did not ſeem

to ſuffer more pain, than is uſually felt in her delivery.

Her pulſe were quick after ſhe was in bed; ſhe was diſpoſed to vomit, and paſſed a reſtleſs night; the pain in her belly continued diſtinct from after pain. She lived until the morning of the 18th, during which time her pulſe were generally 130 or more, her ſkin hot, ſhe complained of great pain and tenderneſs of the abdomen; ſhe vomited frequently, and her urgings to vomit were great.

From no local injury being ſuppoſed to have happened, and from the preſence of the lochia, and other ſymptoms, the caſe was conſidered as truly puerperal, and treated as ſuch.

On diſſection, the inteſtines were found to be inflamed, with an exudation of lymph on their ſurfaces, and the gall bladder was large and diſtended with bile. The uterus was contracted to the

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ſize of a double fiſt, black, and beginning to ſphacelate. The vagina was found to be lacerated at its connexion to the *cervix uteri*, anteriorly, no veſtige of the ſtricture remaining*.

It is to be obſerved, that the woman had fallen down, a day or two before ſhe was taken in labour, and that the ſame gentleman had delivered her, two years before, with forceps, on account of the ſame ſtricture.

How far the ſixth caſe quoted by Dr. Douglas might be ſimilar to the above, I have ſome doubts; but the circumſtances attending it render it probable.

* Although, in the caſe which gave riſe to theſe obſervations, the bladder was unfortunately injured, yet it does not follow, that this muſt neceſſarily happen always; for in this caſe we ſee, that a laceration may take place on the anterior part, without its being injured; and from other caſes we are taught, that the poſterior or lateral parts are as often liable to the accident, as the anterior part of the vagina.

It appears, that the woman had been in labour the beſt part of the day, with very ſtrong pains, before the rupture is ſuppoſed to have taken place. The head was firmly wedged in the pelvis; but, in attempting to open it, ſuddenly gave way to the force applied.

Now, let us conſider for one moment the nature of the caſe. If a rupture had taken place in the uterus, as the head was firmly wedged in the pelvis, the feet muſt have been the part protruded; whence, when I recollect the ſtrong contractile power of the uterus*, and the length of time intervening between the attempt to open the head, and the time when the rupture is ſup-

* When a part of the child only has eſcaped through a rupture of the uterus, the contraction, as related by authors, is great. Hildanus gives a caſe where the head of a child had paſſed through a rupture of the uterus, which had contracted ſo ſtrongly round its neck, that, he ſays, it had no doubt been ſtrangled by it.

Hildani Centur. i. obſerv. 54.

poſed

poſed to have happened, I cannot perſuade myſelf that the child would have eſcaped ſo eaſy into the cavity of the abdomen as he found it did.

If the vagina was lacerated, it is eaſy to account for the ſudden retroceſſion of the child. It is evident, that the uterus being only attached in one place, its reſiſtance againſt the preſſure could only be partial; the fundus would be inclined, and the os internum raiſed in proportion; therefore, when the head was preſſed back, it would find an eaſy admittance, through the laceration, into the cavity of the abdomen; from the endeavours of the uterus to free itſelf, the body with the placenta would ſoon follow. The rupture being near the cervix is, I think, ſome ſupport to what I have advanced. I ſhall likewiſe endeavour to ſhew, in another place, that the placenta being in the cavity of the abdomen, may be conſidered as a collateral proof.

I AM

I AM inclined to believe, that the whole of the child very ſeldom eſcapes from a rupture of the uterus. I am, however, very well convinced, that it is always the conſequence of a laceration of the vagina, unleſs it ſhould happen to be as firmly wedged in the pelvis as in the caſes I have juſt noticed.

On a review of fifteen caſes quoted by Dr. Douglas, we ſhall find, that the child eſcaped into the cavity of the abdomen in ſeven; in No. VI. VII. X. XI. XII. XIII. and XIV. I have already endeavoured to ſhew that No. VI. and XI. were lacerations of the vagina, and I ſhall draw ſome inferences from No. XII. when I come to ſpeak of the placenta being out of the uterus, tending to ſhow a degree of probability of that being of the ſame nature. Of No. VII.

we have a very uncertain account, as, from motives of delicacy, it is not particularly entered into. No. X. without doubt, muſt have been a ruptured uterus. I think that the two laſt cannot be conſidered in point, as they were at an early period of geſtation, and the accidents happened from external violence.

In the remaining eight, No. I. II. III. IV. V. VIII. IX. and XV. only part of the child had eſcaped from the rupture; indeed, in the two firſt, it does not appear that any part had eſcaped. It is therefore evident that, ſetting aſide the two caſes from external violence, in only one out of thirteen the child eſcaped wholly from a rupture of the uterus.

I am alſo inclined to believe, that the placenta being in the cavity of the abdomen, is an occurrence which very ſeldom happens, excepting in thoſe caſes where the vagina is lacerated. The

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ſize of the rupture, when it happens in the uterus, muſt be diminiſhed almoſt immediately after the child has eſcaped, and the contraction of the uterus muſt be encreaſed by its endeavours to propel the placenta; it is therefore almoſt impoſſible that the placenta ſhould eſcape into the abdomen: it might indeed ſometimes happen, if the funis ſhould be much twiſted round the child's neck or body. In almoſt every caſe, where we have a certainty that the accident was a rupture of the uterus, we find that the placenta remained behind.

When a laceration takes place in the vagina, the propulſion of the placenta is not different from what happens in common parturition; as every contraction of the uterus forces it towards the os internum, from whence it paſſes after the child into the cavity of the abdomen. But when there is a rupture in the uterus, every contraction muſt be an impediment to its propulſion, by diminiſhing

miniſhing the ſize of the aperture, thro' which it muſt paſs, to be found among the viſcera.

In the caſe of Mrs. Wilkins, where we can entertain no doubt of the nature of the accident, the placenta was found with the child in the cavity of the abdomen. In that of Mrs. Manning, in thoſe from Vander Weil, Bonetus, and Pouteau, and in the ſixth caſe quoted by Dr. Douglas, all of which I have endeavoured to ſhew were of the ſame nature, the placenta was likewiſe found among the viſcera.

There are two more inſtances, among the caſes quoted by Dr. Douglas, where the ſame occurrence is ſaid to have happened; in No. X. and XII.

The firſt, communicated by Dr. Garthſhore, is againſt the opinion I have formed, that being, as I have before obſerved, evidently a rupture of the uterus. In the

other, from Saviard, it appears, that the child presented favourably, with every appearance that the labour would be soon finished; yet the pains ceased at once, after two days continuance; the presenting part receded, and only the placenta was to be felt. She died undelivered; and when the body was opened, the child and secundines were in the abdomen among the viscera, the feet of the child touching the stomach of the mother. The intestines were all fretted, and the omentum rotten and stinking, but the uterus was of the natural appearance. I have not Saviard's book to refer to; but I think, from a review of this account, I shall be able to draw some inferences in my favour.

From the manner in which he expresses himself, that the uterus was of its natural appearance, we may be led to suppose that no injury had happened to it. When we recollect the circumstance, that, after the presenting part had

had receded, the placenta alone was to be felt, I apprehend but a ſmall degree of doubt concerning the nature of the caſe will remain.

After the body was opened, the ſecundines as well as the child were found in the abdomen. As the placenta was to be felt on examination, after the rupture had taken place, how can it be ſuppoſed that the rupture was in the uterus? The uterus muſt have been at that time conſiderably contracted, and the aperture ſo much diminiſhed, as to have rendered the eſcape of the placenta impoſſible.

Hence I am clearly of opinion, that the placenta being felt on examination, after the rupture had taken place, and being afterwards found in the abdomen, is a great proof that the accident was not in the uterus, but in the vagina.

Out of eight cafes, therefore, where the placenta was found with the child in the cavity of the abdomen, there is the greateft probability to fuppofe that feven of them were lacerations of the vagina.

The difficulty attending delivery, when the vagina is lacerated, muft be very trifling, when compared to that which will occur if the accident happens in the uterus. In the cafe of Mrs. Wilkins, the only reliftance was in bringing down the breech, which all the gentlemen prefent agreed arofe from the protuberance of the child's belly projecting over the fundus of the contracted uterus; which, as the extraction went on, was brought lower down, and, of confequence, preffed the breech of the child over the pubis: after this was overcome, not the leaft difficulty whatever

whatever occurred. In the caſe of Mrs. Manning, it does not appear that there was any reſiſtance to the delivery of the breech; but we find there was a conſiderable obſtruction in the paſſage of the head through the pelvis. I am ſomewhat inclined to believe that this might have ariſen from the ſame cauſe, although Dr. Douglas ſuppoſes it to have proceeded from the narrowneſs of the pelvis.

In thoſe caſes, where the uterus has been ruptured, the difficulty will be encreaſed or diminiſhed, in proportion as more or leſs of the child has eſcaped into the cavity of the abdomen.

If the rupture ſhould be ſo extenſive as to admit the child to eſcape entirely out of the uterus, from the natural diſpoſition of its fibres, the uterus will almoſt immediately contract, and the ſize of the rupture will become leſs, of conſequence, in proportion to the degree of

of contraction which takes place. If the rupture ſhould be ſo ſmall as to admit the protruſion of part of the child only, a ſtricture will be formed upon ſuch part as has eſcaped, which will require a conſiderable degree of force to overcome, as, from its endeavours to expel the part which remains, the uterus will ſtill continue to contract. In performing the cæſarean operation, M. Soumain found that the edges of the inciſion made in the uterus preſſed ſo cloſe upon the fœtus, that he could hardly get his fingers in to extract it*. Hence we may account for the alternate though ineffectual pains, which, in ſome caſes, have been obſerved to continue for ſome time after the rupture has taken place; and I believe we may be led to form a probable opinion that, when this happens, ſome part of the child ſtill remains within the uterus.

* Mem. de l'Acad. Chirurg. Paris, mem. xx.

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The hand of the accoucheur, when he ſits down to deliver, muſt be paſſed through the os internum into the cavity of the uterus, and from thence through the rupture. The difficulty attending the paſſage of the hand will be in proportion to the degree of contraction; but, unfortunately, it is very ſeldom that the nature of the caſe is known ſo early, as to induce us to make any attempt to deliver before the uterus is conſiderably contracted. After the reſiſtance from the diminiſhed ſtate of the rupture is overcome, and the hand paſſed into the abdomen, the feet, in general, may be ſoon found, and brought down with ſome eaſe; but as the operator proceeds, and the legs come forward, every inch of the child, as the extraction takes place, will create a freſh reſiſtance from its increaſing bulk. The irritation which muſt be given to the uterus, by the introduction of the hand, will increaſe its endeavours to contract, and make conſiderable addition to the difficulty

difficulty. Caldani, of Bologna, in a letter to Haller, relates ſome experiments made on the uterus of a bitch, which ſhow the great degree of contraction that takes place even after death, on any ſtimulus being applied to it*.

The nearer likewiſe the rupture happens to the fundus or cervix, the greater degree of eaſe or difficulty will enſue. In the firſt inſtance, the extraction will be made nearly in a direct line. In the other, and which moſt commonly happens, that part of the child which remains in the abdomen muſt form an angle with the feet and legs, while they are paſſing through the vagina, and the degrees of ſuch angle will be decreaſed or increaſed, in proportion as the rupture may happen to be, either near the cervix, or further towards the fundus.

Very little more exertion will be required than what is obliged to be made

* Vide Van Swieten's comment. ſect. 1316.

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uſe of in a common caſe, where the child is turned, when the feet are the only parts that have eſcaped. When the legs have protruded as far as the knee, the reſiſtance will be conſiderably more powerful; as, in ſuch caſe, the hand muſt be paſſed to a greater diſtance through the rupture in ſearch of the feet: but how much more muſt the difficulty be increaſed, if the aperture ſhould be large enough to admit the child to paſs out of the uterus as far as the hips? Indeed I apprehend this ſituation to be worſe than when the whole of the child has eſcaped; as, in that caſe, there may be ſome hope that the reſiſtance might be overcome, and the child extracted by the feet; but when the child has eſcaped as far as the hips, ſuch a very conſiderable diſtenſion, if not further laceration of the rupture, muſt take place, and ſo great a degree of force muſt be made uſe of to overcome the contraction, in order to gain ſufficient room to bring the feet back, as

leave little room to hope for ſucceſs. In fact, when I reflect on the very great difficulties that muſt ariſe when any conſiderable part of the child has eſcaped, I do not at all wonder that authors have concurred in pronouncing the accident mortal, and giving no encouragement for attempting relief, except by having recourſe to the cæſarean operation.

In addition to Mrs. Manning's caſe, of which we have had occaſion to ſpeak ſo often, eight others are adduced by Dr. Douglas, to evince the eaſe with which delivery may be performed in caſes of ruptured uterus. No. I. IV. V. VI. VII. VIII. IX. and XV. On reading them over with attention, I have obſerved that the ſituation of the child, in moſt of them, was ſuch as to create the ſmaller degree of reſiſtance, according to the opinion I have entertained in reſpect to the difficulty attending delivery.

In

In the firſt, which was related to Heiſter by Rungius, it does not appear that the child, or any part of it, had ever been in the cavity of the abdomen. Indeed Dr. Douglas is of the ſame opinion himſelf, as he ſays, 'the recovery of the patients, No. I. and II. may have been in a great meaſure owing to the viſcera having ſuſtained little or no injury, as there is no reaſon to ſuppoſe that the child in either caſe had been in the cavity of the abdomen*.' This may give us ſome idea of the proſpect we have of recovery when a rupture takes place, but cannot be brought to ſhow the eaſe with which delivery may be performed, when the whole or part of the child has eſcaped from the uterus.

In No. IV. which is taken from La Motte, *obſervation* 317, the feet were the only parts out of the uterus, and the rupture was at the fundus; whence

* Vide Obſervat. on extr. caſe of rupt. uter. p. 66.

the extraction was not attended with much difficulty, for two reasons: the endeavours made use of were in a direct line, in the first instance, and in the second, the feet being the only parts that had escaped, the hand of the accoucheur was introduced until it came to the knees, so as to bring them down and disengage the feet; after which, no more difficulty would arise than what happens in a common case of turning.

In No. V. likewise from La Motte, *observation* 318, it appears that the child had escaped out of the uterus as far as the hips, or even further, part of the body being in the cavity of the abdomen. The child was turned, he says, and extracted with considerable ease; *en moins d'un miserere,* as he expresses it himself. I cannot think, with Dr. Douglas, that La Motte's observations are related with such plainness and candour, as to claim our most perfect confidence. In this instance, we have a

case

caſe the moſt difficult that can poſſibly happen, and yet the delivery was performed with the greateſt eaſe imaginable. I really am of opinion, that the relation is not founded in fact: I apprehend that he has either magnified the proportion of the child which was out of the uterus, or that he has concealed the difficulty he muſt have met with, in caſe ſuch a conſiderable part of the child had been in the abdomen.

I have advanced ſome reaſons, in a former part of theſe obſervations, when ſpeaking of the head of the child being wedged in the pelvis, at the time when a laceration happens, tending to ſhow that No. VI. was a laceration of the vagina.

We have a very defective account of No. VII. as from motives of delicacy to the gentleman who attended the patient, Dr. Douglas does not think himſelf at liberty to enter more particularly into it.

In No. VIII. from Peu, the time elapſed between the accident and the delivery is not related; but I am inclined to believe that it was done very ſoon after, from the apparent facility with which it was accompliſhed. There appears likewiſe ſome deficiency in the contractile power of the uterus, by the exceſſive hemorrhage that followed. We find however that he 'delivered with great caution to avoid doing further injury to the uterus.' This ſeems to intimate ſome degree of reſiſtance, altho' none is mentioned.

Dr. Douglas obſerves, that the great contractile power of the uterus is favourable to the proceſs of healing, by bringing the divided parts more into contact; 'but,' he ſays, 'the preſence of any conſiderable extraneous ſubſtance, even in the abdomen, ſeems, in ſome degree to counteract this power of contraction*.' If the uterus after the

* Douglas's caſe of ruptured uterus, p. 56.

expul-

pulſion of its contents, does not contract as in common parturition, we muſt expect a conſiderable flooding. In the above caſe, we are told that it was exceſſive. In the caſes of Mrs. Wilkins, and the others which I have related as lacerations of the vagina, the hemorrhage was not very great*, and the uterus was found contracted to the uſual ſize it would have been, in the ſame ſpace of time, if no extraneous body had been in the cavity of the abdomen.

In No. IX. from Steidele, it appears that the head had eſcaped from the rupture, he brought down the feet with eaſe, but found ſome difficulty in ex-

* That a conſiderable hemorrhage will follow, however, from a laceration of the vagina, as well as from a rupture of the uterus, we have the authority of Veſlingius. 'Bis enim notavi, cum uteri vagina, ſecundum latus dextrum eſſet diſrupta, quamvis fœtus extinctus integre cum ſecundis educeretur; ſubſequente ex laceratis hypogaſtricis vaſis enormi ſanguinis profluvio, matrem paulo poſt fato pariter ceſſiſſe.'——J. Veſlingii obſerv. et epiſt. 45.

tracting

tracting the reſt of the fœtus. This difficulty muſt evidently have ariſen from the ſtricture formed by the edges of the rupture round the child's neck; whence I think it cannot be conſidered as much ſupport, to evince the eaſe with which delivery is performed, any more than the laſt caſe, where the patient expired while the accoucheur was endeavouring to bring the head through the pelvis.

LACERATIONS of the vagina, I have before obſerved, have been taken notice of by authors, yet it does not appear that they have had any idea of the child's eſcaping by ſuch means into the cavity of the abdomen. If the caſe which gave riſe to theſe obſervations, in which the nature of the accident could not be miſtaken, and my reaſoning on the different caſes I have adduced, are allow-

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ed to have any weight, I think I may venture to draw the following conclusions.

First, that the whole of the child escapes, into the cavity of the abdomen, much oftener from a laceration of the vagina than from a rupture of the uterus.

Secondly, That, from the little difficulty with which delivery is accomplished in lacerations of the vagina, there is a greater prospect of recovery in such accidents, than when the uterus is the seat of the injury.

It is evident that the gloomy idea of inevitable death has not only been the means of checking such endeavours as might have been sometimes successful, but that it has likewise been often the means of preventing us from knowing the real nature of the injury. I hope practitioners in future will, from the fortunate event of the case of Mrs. Man-

ning, related by Dr. Douglas, and the new light thrown on the ſubject by the caſe I have related of Mrs. Wilkins, entertain a more favourable opinion of the ſucceſs likely to attend their endeavours, in a ſituation where nothing but immediate delivery can afford the leaſt proſpect of recovery.

When firſt I made my private remarks on Mrs. Wilkins's caſe, I did not intend to enter further into the ſubject, than to draw the caſe up fair, and ſend it to ſome periodical publication, as worthy the attention of the medical world. But the ſimilarity between it and that of Mrs. Manning was ſo ſtriking, that the more I conſidered it, the more reaſons I ſaw to induce me to publiſh it in the preſent form.

The nature of the ſubject has obliged me to enter very fully into the merits of Dr. Douglas's caſe. That he ſhould be liable to err, in forming an opinion

on

on the nature of the accident, is not to be wondered at, when we conſider how ſilent authors have been upon it, and how ſeldom accidents of this nature occur. I have not the honour of being known to him; but I am confident, from the liberality of his ſentiments as a gentleman, that he will not conſider the liberty I have taken as perſonal, or in any other light than as a diſcharge of the duty every man in the profeſſion owes to the world. It has a claim upon us to elucidate any occult part of the ſcience, and every man is bound by the laws of humanity to comply with it, whenever an opportunity offers. Exempla rara non reticenda, etiam cauſa incognita; ita enim ſcitu digna infinita præteribuntur.

FINIS.